

## **HEALTH QUARTERLY STATEMENT**

## AS OF SEPTEMBER 30, 2002 OF THE CONDITION AND AFFAIRS OF THE

CIGNA HEALTHCARE OF MAINE, INC.

NAIC Group Code	0901 (Current Period)	(Prior Period)	NAIC Company Code	95447	Employer's ID Number	01-0418220
Organized under the	,	, , ,	State	of Dominilo or l	Port of Entry	Maine
Organized under the	Laws 01	ivianie	Maine , State of Domicile or Port of Entry Maine  United States of America			
Country of Domicile	-		United State	es of America		
Licensed as business	type: Life, Acci	dent & Health [ ]	Property/Casualty [	] Dental	Service Corporation [ ]	
	Vision Se	rvice Corporation [ ]	Other [ ]	Health	Maintenance Organization [	X ]
	Hospital,	Medical & Dental Serv	vice or Indemnity [ ]	Is HMC	, Federally Qualified? Yes [	X ] No [ ]
Incorporated	03	/01/1986	Commenced Busi	iness	04/01/198	17
Statutory Home Office	e	2 Stonewood	Drive	,	Freeport, ME 04032-0447	
		(Street and Nu	mber)		(City or Town, State and Zip	Code)
Main Administrative O	Office			Stonewood Drive		
	Freeport, ME 04	N32-N447	(S	Street and Number)	207-865-5000	
	(City or Town, State ar		<del></del> -	(Are	ea Code) (Telephone Number)	
Mail Address	900	Cottage Grove Road			Hartford, CT 06152-1228	
		et and Number or P.O. Box)	·		(City or Town, State and Zip Code)	1
Primary Location of B	ooks and Records			2 Stonew	ood Drive	
	Freeport, ME 04	N32-N447		(Street and	d Number) 860-226-3987	
	(City or Town, State ar			(Are	ea Code) (Telephone Number)	
Internet Website Addr	ess		www.	CIGNA.com		
Statement Contact		Krystyna Gionfri	ddo		860-226-3987	
		(	(Name)		(Area Code) (Telephone Number)	(Extension)
KI	rystyna.gionfriddo( (E-mail Addre				860-226-6443 (FAX Number)	
Dell'error Delet'erro	0		D O Pay	147 0 Ctonowaa	d Drive	
Policyowner Relations	Contact	(Street and		447 2 Stonewoo	a Drive	
	Freeport, ME	04032			800-244-6224	
	(City or Town, State ar	nd Zip Code)		(Area Coo	de) (Telephone Number) (Extension)	
			OFFICERS			
President		Richard Marshall Whit		Vice President	Karen Sue	Rohan
Assistant Secretary	-	Paul Jeffrey Moreno				
		,	VICE PRESIDEN	TS		
Stephen C	hester Stachelek		Donald William Porte	_	Glenn Michael	Gerhard #
	ul Hockmuth M.D.		Robert Cody William	IS	Richard Brainerd Sa	
	larie Wytas #		David Charles Kopp	)	John Patri	
	Mai Thi Thai		Karen Sue Rohan		Barry Richard	d McHale
James	Thomas Kohan	<del></del>	Chuie Lan Yuen M.D	).	-	
		DIRE	CTORS OR TRU	ISTEES		
Karer	Sue Rohan		William Allen Schaffer M		Chuie Lan Y	uen M.D.
State of	Connecticut	)				
			Bloomfield			
County of	Hartford	<i>J</i>				

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed

Glenn Michael Gerhard	Lynn Marie Wytas	Paul Jeffrey Moreno
Vice President	Treasurer	Assistant Secretary
scribed and sworn to before me this		
day of , 2002		

or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and

belief, respectively.